

Student's Name _____ Grade _____

Pick-up Information Form

The following people have permission to pick up my child from ECA:

Name

Relation to Child

1. _____
2. _____
3. _____

Code for Pick-up _____ Initial _____

ECA Directory

In order for the parents and/or students to get in touch with each other, we prepare a directory of the students' names with their parents' address, name and phone number. Please indicate below if this is permissible.

I give permission to have printed in the ECA Directory

_____ Student's Name _____ Parent's Name _____ Address _____ Phone Number _____ E-mail address

Photo for Publications.

Occasionally we will want to place pictures and articles about ECA in the newspaper or take pictures for scrapbooks, slide presentations, or exhibit your child's work, etc. Please indicate your permission or denial of the issues listed below:

- YES NO I grant permission for my child to be audio recorded, video taped or photographed by ECA.
- YES NO I grant permission for my child's picture and name to be published in publications of ECA or local newspapers
- YES NO I grant permission for my child's work to be displayed with other ECA exhibits..

Web Page

I give permission for ECA to use my child's _____ Art Work _____ Photo _____ Age

_____ First Name only _____ Poetry _____ First & Last Name

I give permission to receive E-mail messages about my child or ECA. This will not be given out to anyone outside of ECA's parents or staff. Please list the address you want the correspondence to come to:

_____ E-mail address _____ Signature

If you and the physician of your choice cannot be reached in an emergency and, if in the judgment of ECA authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

_____ Yes _____ No Signature of parent/guardian _____

As a parent/guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

_____ Yes _____ No Signature of parent/guardian _____

